

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445481	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/21/2016
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NAME OF PROVIDER OR SUPPLIER

ASBURY PLACE AT KINGSPORT

STREET ADDRESS, CITY, STATE, ZIP CODE

**100 NETHERLAND LANE
KINGSPORT, TN 37660**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
F 372 SS=C	<p>A Recertification survey and complaint investigation #36794 and #36935, were completed on 1/19-21/2016 at Asbury Place of Kingsport. No deficiencies were cited related to the complaint investigations under CFR Part 483, Requirements for Long Term Care Facilities, 483.35(i)(3) DISPOSE GARBAGE & REFUSE PROPERLY</p> <p>The facility must dispose of garbage and refuse properly.</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of facility policy, observation, and interview, the facility failed to maintain a clean area, free of debris for 4 of 4 dumpsters observed.</p> <p>The findings included:</p> <p>Review of facility policy, Infectious and Hazardous Waste, revised 10/14 revealed "...all garbage, trash and other non-infectious waste will be stored and disposed in a manner that will not permit the transmission of disease...providing a breeding ground for insects and rodents...constitute a safety hazard..."</p> <p>Observation with the Certified Dietary Manager (CDM) on 1/19/16 at 10:55 AM, at the dumpster area revealed 4 dumpsters with trash on the ground including 3 disposable gloves, 2 tied plastic bags with contents, plastic spoons, 1 used bandage, straws, and other paper trash.</p>	F 372	<p>On 1/19/16, the area around the four dumpsters was cleaned up by the Facility's Director of Maintenance. All visible trash on the Ground was bagged and placed in the dumpster.</p> <p>No other dumpster areas were affected by this deficient practice.</p> <p>All dietary, housekeeping, maintenance, and nursing staff will be educated on dumpster management and cleanliness by 2/12/2016.</p> <p>The Dietary Manager, Assistant Dietary Manager, or Maintenance Director will conduct random audits of the dumpsters 2 times a week x 4 weeks, then 1 time a week x 4 weeks, and then 1 x a month x 1 month. Audits are to begin week of 2/15/2016. The results of these audits will be reviewed at the facility's Quality Assurance meeting each month.</p>	<p>1/19/16</p> <p>2/12/16</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Charlotte Horne Cochran, LNH

2-12-16

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the Institution may be excused from correcting providing it is determined that the safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER ASBURY PLACE AT KINGSFORT			STREET ADDRESS, CITY, STATE, ZIP CODE 100 NETHERLAND LANE KINGSFORT, TN 37660		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 372	Continued From page 1 Interview with the CDM on 1/19/16 at 11:00 AM, at the dumpster area confirmed the facility failed to maintain a clean dumpster area.	F 372			